

# Special Purpose Home Repair Program (SPHRP) Application

DeKalb County Department of Human and Community Development

**APPLICATION DEADLINE: October 30, 2015**

**Application Date** \_\_\_\_\_

**Property Address** \_\_\_\_\_  
Address City State Zip Code

**Type of Residence:** ☐ Single Family ☐ Townhome ☐ Duplex ☐ Condominium ☐ Mobile Home

**OWNER** \_\_\_\_\_ **Sex (M/F)** \_\_\_\_\_

**Status (Check One):** \_\_\_\_\_ Elderly (62 or Over) \_\_\_\_\_ Legally Disabled (Age 21 or Over)

**Address** \_\_\_\_\_  
Street City State Zip Code

**Social Security #:** \_\_\_\_\_ **Race** \_\_\_\_\_

**Marital Status** \_\_\_\_\_ **Email** \_\_\_\_\_

**Telephone** \_\_\_\_\_ **Alternate Telephone** \_\_\_\_\_

**Emergency Contact** \_\_\_\_\_ **Relationship** \_\_\_\_\_

**Street Address** \_\_\_\_\_ **Telephone** \_\_\_\_\_

**City** \_\_\_\_\_ **State** \_\_\_\_\_ **Zip Code** \_\_\_\_\_

**CO-OWNER** \_\_\_\_\_ **Sex (M/F)** \_\_\_\_\_

**Status (Check One):** \_\_\_\_\_ Elderly (62 or Over) \_\_\_\_\_ Legally Disabled (Age 21 or Over)

**Address** \_\_\_\_\_  
Street City State Zip Code

**Social Security #:** \_\_\_\_\_ **Race** \_\_\_\_\_

**Marital Status** \_\_\_\_\_ **Email** \_\_\_\_\_

**Telephone** \_\_\_\_\_ **Alternate Telephone** \_\_\_\_\_

## Household Information

(List All Persons in the Household)

Last Name, First Name, Middle Initial	Relationship to Head of Household	Age	Sex M/F	Race	Gross Monthly Income (1)	Source of Income (2)
	Head of Household					

(1) **Gross Income:** Total income before taxes or other items are deducted.

(2) **Source of Income:** Includes employment, retirement, Social Security, SSI, VA benefits, Alimony, Child Support, Regular Contributions from Family, Rental Income or Other Regular Payments. Provide documentation as listed on the Application Checklist.

## Requested Repairs

(Please provide a brief description of the repairs for which you are requesting assistance.)

System	Description	Location Within Home
Heating/ Cooling System		
Plumbing		
Electrical		
Roofing		
Other (Specify)		

## Questionnaire

	Yes	No	
1.	<input type="checkbox"/>	<input type="checkbox"/>	Do you hold title to or have a mortgage on another home?
2.	<input type="checkbox"/>	<input type="checkbox"/>	Do you have homeowner's insurance?
3.	<input type="checkbox"/>	<input type="checkbox"/>	Does someone serve as Power of Attorney on your behalf?
4.	<input type="checkbox"/>	<input type="checkbox"/>	Do you have any outstanding/unpaid judgments?
5.	<input type="checkbox"/>	<input type="checkbox"/>	Do you have a reverse mortgage?
6.	<input type="checkbox"/>	<input type="checkbox"/>	Are your property taxes current?

### Supplemental Questions

1. What year was home built/constructed? \_\_\_\_\_
2. What year did you purchase home? \_\_\_\_\_
3. Do you have a mortgage on your home? \_\_\_\_Yes \_\_\_\_No If yes, is it current? \_\_\_\_\_
4. Have you filed bankruptcy in the last 10 years? \_\_\_\_Yes \_\_\_\_No  
 If yes:
  - a. What year? \_\_\_\_\_
  - b. Specify type of bankruptcy: \_\_\_\_\_

### **CERTIFICATION**

I/We declare under penalty of perjury that the statements contained in this application are true and correct. I/We understand that if the information herein is found to be inaccurate, my/our application may be deemed ineligible.

\_\_\_\_\_  
**Owner**

\_\_\_\_\_  
**Date**

\_\_\_\_\_  
**Co-Owner**

\_\_\_\_\_  
**Date**